

asthma for children under five years of age from 2.1 per million in 1998 to 1.0 per million in 2010, and the asthma-related hospitalization rate from 45.6 per 10,000 in 1998 to 25 in 2010.<sup>19</sup>

Corresponding efforts could be mounted with respect to other chronic health conditions in the areas of early detection, medication management, referrals to specialists, and patient self-monitoring. Some of the targets relate not just to death rates and hospital/emergency room use, but also to a reduction in activity limitations. For example, *Healthy People 2010* sets a target for reducing the proportion of adults whose activity is limited due to chronic lung and breathing problems (chronic obstructive pulmonary disease). The targeted decline for adults 45 years of age and older is from 2.2 percent to 1.5 percent.<sup>20</sup> Some medical conditions are exacerbated by environmental conditions such as air quality in the home, infestation, and the presence of lead-based paint.

The medical model can also be expanded to envelop a greater effort to treat substance abuse. The District spends an estimated \$1.2 billion annually on problems related to untreated substance abuse, more than it spends on public education.<sup>21</sup> Short-term palliatives are unlikely to help. Services must be designed to meet the needs of specific populations and must be integrated within the community and across public and private programs. Models such as SMART Moves National Prevention Program have been successful in addressing problems related to substance abuse in Atlanta and other cities by increasing youth's self-esteem, assertiveness and ability to resist media pressures.

***Possible fundable activities:***

- Some of the same mechanisms described in direct service outreach could be used to promote better health among residents, including use of the community health workers. The foundation could *support, for example, training programs* for community health workers that would allow the CHWs to work with District residents on improving their health.
- The foundation could identify one or two chronic diseases such as asthma and diabetes where there is a clear link between preventive care and good disease management, on one hand, and better health outcomes, on the other. To help the city meet the disease-specific

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<sup>19</sup> U.S. Department of Health and Human Services, *Healthy People 2010*. November 2000. Vol. II, pp. 24-13; 24-14. Targets for other age groups follow: For children five to fourteen years old, the corresponding target is a reduction from 3.3 deaths per million to 1.0. For people 15 to 34, the target is a decline from 5.0 to 2.0; for those 35 to 64, a drop from 17.8 to 9.0; and for people 65 and older, from 86.3 to 60.0. With respect to reducing hospitalization rates for asthma, for children under five, the expected reduction is from 45.6 per 10,000 in 1998 to 25 in 2010. For children and adults in the 5-64 year age bracket, the goal is to reduce the asthma-related hospitalization rate from 12.5 to 7.7; and for the elderly, the anticipated reduction is from 17.7 to 11.

<sup>20</sup> U.S. Department of Health and Human Services, *Healthy People 2010*. November 2000. Vol. II, p. 24-20.

goals in these areas, the foundation could *provide assistance in developing an action plan* to implement best practices regarding preventive care, physician education, patient compliance, media campaigns, etc.

- The foundation could *fund a study* of programs in other areas that stretch the medical model to include home safety. A good example is Rhode Island's initiative to use Medicaid funds (with a federal match) to correct problems in apartments and homes related to lead-based paint.
- The new foundation could also *support and help augment the work of the pediatric vans*. These mobile vans are increasing immunizations among children and also conducting basic health screening tests for mothers and children.
- An important component of these activities would be to conduct an inventory of what other foundations are doing in this area and work with existing programs to avoid duplication of services.

#### IV. IMPROVED ACCESS TO PRESCRIPTION DRUGS

As described above, access to pharmaceuticals among low-income groups in the District is a major problem. The amount needed to directly fund prescription drug costs for the uninsured was recently estimated to be in excess of \$1.6 million. However, there are other ways in which the problem could be ameliorated without direct funding of prescription drugs.<sup>22</sup>

First, as noted above, one way in which patients obtain drugs is through Patient Assistance Programs. These programs, however, often require a significant amount of paperwork. Different programs have different eligibility criteria, different information requirements from patients and providers, and different applications. In addition, many programs require patients (or providers) to reapply every three months. Clinics vary in how adept they are at accessing these programs, and how adequately staffed they are to handle the paperwork.

The second opportunity to help address this problem involves helping clinics maximize their resources when they do purchase drugs (mostly generics) with their own funds. Often the best prices for pharmaceuticals are those given to the Department of Defense (DOD) or the Public Health

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<sup>21</sup> District of Columbia. *Building a Community-Based Health Care System*. 2001-2001 Policy Agenda, Chapter 7-4.

Service (PHS). Only one federally qualified health center (FQHC) and one FQHC look-alike in the District, however, are eligible to purchase pharmaceuticals at the DOD price through the federal 340b program. One additional clinic has access to PHS pricing. The clinics would be well served by obtaining pharmaceuticals at DOD or PHS pricing and stretching their limited resources farther.

***Possible fundable activities:***

- To help patients access prescription drugs through the Patient Assistance Programs, the foundation could *fund a study* to explore whether an external group could be used to facilitate the clinics' access to these programs; *provide funding to support clinic staff* whose primary function would be to work with these programs; *directly fund technical assistance* to the clinics to help them better access these programs; or *fund the purchase of (and subsequent technical support of) computer software* to help clinics track the applications to these programs, institute better record keeping, and keep up to date on program changes.
- Clinics could also use some of the mechanisms listed above to maximize their receipt of donations and samples (e.g., if a new staff member were hired to work with patient assistance programs, he/she could also work on obtaining donations and samples; or if a study were commissioned, it could also explore how an external group could be used to acquire samples and donations).
- The foundation may want to *fund a study* that would explore how to group the clinics together to maximize their purchasing power and access lower prices. For example, the District of Columbia, because it is treated as a government territory by the DOD, is eligible to purchase drugs at DOD prices and may be able to make or authorize arrangements to enable clinics purchasing pharmaceuticals to obtain discounted prices.

## **V. RESEARCH AND POLICY ACTIVITIES**

Many of the activities listed above could also be listed as research and policy activities that would help the District further its understanding of policy options around health care issues. While some work might need to be done in specific areas, the District has often commissioned studies to better understand the gaps and needs in the health care system. What appears to be lacking is a way to pull

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<sup>22</sup> Many of these recommendations have been taken from: Non-Profit Clinic Consortium. *An Analysis of Clinic Prescription Drug Needs and Their Financing*. Washington, D.C., April 2002.

the research and policy analysis that has already been done together and use the findings to improve health care in the city.

The District of Columbia, like other major cities, receives support from both federal government agencies and various philanthropic organizations. There are also opportunities for additional support if the city had more technical assistance and staff or consulting support in grant writing and research activities. A newly formed foundation would be well advised to meet with the Kellogg Foundation and the Robert Wood Johnson Foundation to see how new initiatives could be coordinated with and support the Community Voices and the Communities in Charge programs. Other funders with an interest in the city include the Annie E. Casey Foundation and the Health Resources and Services Administration (HRSA).

***Possible fundable activities:***

- A new foundation could assist the city by *organizing a steering committee of private funders* that would coordinate the initiatives and leverage funds effectively. Some coordination and planning have been attempted. This is an area where the city would benefit from some financial support and technical assistance to add more formal structure to some of the more informal discussions and plans.
- A new foundation could also *assist the city in developing the capacity to conduct program planning, budgeting, and evaluation*. For example, requests for waivers from the federal government require complex calculations of offsetting savings projected to accompany new health coverage initiatives, with a goal of establishing "budget neutrality." New interventions take place against a backdrop of constantly changing conditions in the health care system and the local economy, complicating evaluation designs. There is a need for data system improvements, and the development of flexible, multi-faceted evaluation designs that blend data analysis, qualitative studies, focus groups, and surveys. As the Alliance evolves and grows in the future, it will be important to track and evaluate its progress in meeting the goals of improved health outcomes and effective cost management. As noted above, the city has taken some steps to include an evaluation component in the development of the Alliance, and clearly any foundation efforts in this area would need to coordinate with the District and not duplicate the city's efforts.

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## ABOUT NEW DIRECTIONS FOR POLICY

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**New Directions for Policy (NDP)** is a Washington-based organization that assists purchasers and providers of health care and government through policy research and analysis, strategic planning, and program evaluation. NDP's purposes are to promote more effective operation of the health care system, and to aid the development of sound public policy on health care and social welfare issues. NDP analyzes the forces driving health care spending, designs innovative strategies to improve financing and delivery systems, and evaluates reforms to extend health coverage to the uninsured.